

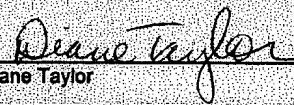
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/927,972 Confirmation No. 5997  
Applicant : Gandy, et al.  
Filed : August 10, 2001  
TC/A.U. : 2163  
Examiner : Linh Black  
  
Docket No. : 1904.101  
Customer No. : 52529

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on July 10, 2006

  
Diane Taylor

DECLARATION OF MARK VAN DE CASTEELE  
SUBMITTED UNDER 37 CFR § 1.132

Dear Sir:

I, Mark Van De Casteele, being duly sworn, on oath depose, state, and declare as follows:

1. I am over the age of 21 and competent to make this Declaration.
2. I reside in the state of Texas.
3. I am and have been the Vice President and Chief Financial Officer of T-Soft, LLC, the general partner of T-System Technologies, Ltd. since May 22, 2002 and am very familiar with the computer template chart product which corresponds to the invention claimed in the subject patent application.

4. The commercial business of T-System Technologies, Ltd. is primarily the development and sale of computer template charts, as recited in Claims 1-37 of the subject application.

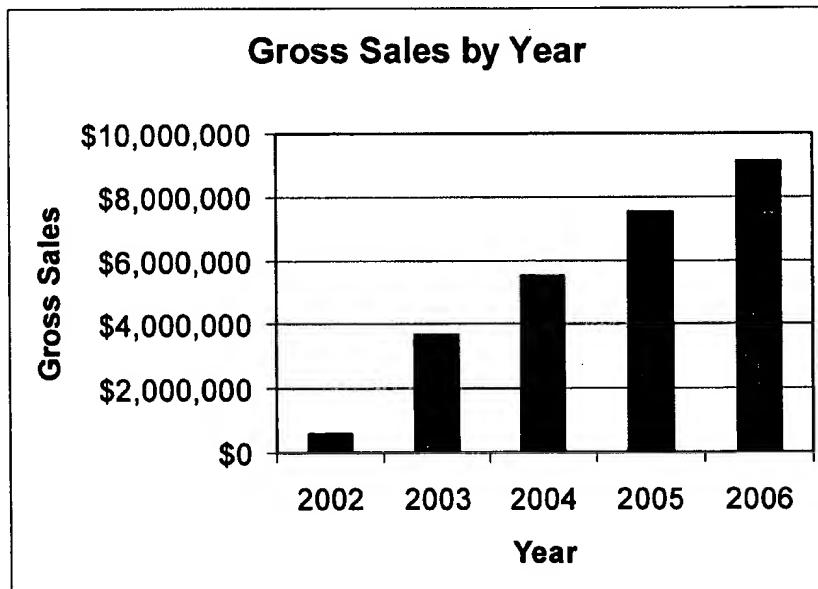
5. The T-System computer template chart product is marketed under the trademark T SYSTEM<sup>EV</sup>, registered in 2002.

6. The T-System computer template chart product is used by over 98 customers in the United States.

7. The commercial products correspond to the invention described in Claims 1-37 of this patent application. In particular, please note in the following, the similarity between the figures from the subject patent application, the claimed elements, and screen shots of the product marketed:

Patent Application	Claimed Element	Screen Shots of Product
Figs. 7-8	Templates for selection by a user	Exhibits A - B
Figs. 9A-15	Template for abdominal pain with inquiries selectable by user	Exhibits C – G
Fig. 16	Report	Exhibit H
Figs. 17-19	Template and sub-template with modifiers selectable by user	Exhibits I – K
Fig. 20	Report	Exhibit L

8. The template chart product was first introduced commercially to the market in 2002, and since that time, gross sales of the product have, on average, more than doubled every year, as depicted by the following chart (wherein figures for 2006 are projected based on sales through May of 2006):



9. In the four years since the introduction of the template chart product in 2002, T-System's share of the emergency department physician documentation market has increased from zero (in mid-2002) to 27% (in mid-2006), making Applicant's product the most used template charting software in emergency medicine. The remaining market share (63%) is shared by approximately nine other products.

10. There are a number of important features of the T-System template charts that are highly appreciated by users. For example, for a particular case, users may select a template from a list of templates, which selected template includes inquiries for most items for which medical data is needed.

11. Another feature appreciated by users is the ability to "drill down" on selected medical inquiries to sub-templates which provide a number of "modifiers" which may be

associated with the selected medical inquiry to provide additional detail relating to the selected inquiry. When the sub-template is closed, the modifiers remain with the inquiry on the template.

12. A further feature appreciated by users is the ability of the template chart product to readily generate an easily-readable report of the data entered by a user.

13. As a result of the foregoing important features of the subject invention, users are able easily, quickly, and accurately to enter medical data into a computer database, from which reports may readily be automatically generated. Exposure to liability for omissions is also reduced since inquires needed for most diagnoses are included on the templates.

14. The commercial success of T-System's template charts has not been the result of consumption by purchasers previously "tied" to T-System, as evidenced by the fact that T-System was formed to develop and market the template chart recited in Claims 1-37 of the subject patent application, and consequently, had no customer base prior to the invention which could be said to be "tied" to T-System.

15. Furthermore, commercial success of T-System's template charts was not the result of heavy promotion or advertising, or other business events extraneous to the merits of the invention set forth in the claims. More specifically, there have been no "give-aways" of the product defined by the claims, or any other inducements or concessions in selling the product defined by the claims.

16. Commercial success of T-System's template charts has been the result of the advantageous usability, automated report generation, reduced risk of liability, and economic results attained by the subject matter set forth in the claims of the application, which I have read and understand.

17. In summary, I declare that T-System Technologies, Ltd., whose commercial business is primarily the development and sale of computer template charts as recited in Claims 1-37 of the subject application, is an increasingly successful company. Our business has grown from zero in 2002 to projected gross sales of over \$9,000,000 in 2006, a period of just four years, with a corresponding market share which has grown from zero to approximately 27% in the

same time period. In light of the foregoing, it is my opinion that the T-System template chart may in good faith be accurately regarded as a commercial success, and that this success is solely and directly related to the claimed features of the template charts.

18. I declare that all statements made herein of my own knowledge are true and correct, and that all statements made on information and belief are believed to be true; and, further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the above-identified patent application or any patent issuing thereon.

Signed this 10<sup>th</sup> day of July, 2006.

Mark Van De Casteele  
Mark Van De Casteele

STATE OF Texas )  
                          )  
COUNTY OF Dallas )

SUBSCRIBED AND SWORN to before me, a Notary Public, this 10<sup>th</sup> day of July, 2006.



Tina Clark  
Notary Public

My commission expires on: 5/5/2010



Smith, Jack

HOME

Charting

History

Exam

Course

Dx / DI

View

Discharge

Clinical

Nurse

Coding

Print

Clinical

Instru/Rx

Closure

Discharge

Lock

Addenda

T Choose One Item

X

General

Pediatric

## Trauma

## Medicine

	01 Head Injury		02 Eye Problems		03 Head Injury, Facial		04 Neck/Back Pain or Injury		05 Shoulder Injury		06 Upper Extremity Injury		07 Trunk Injury		08 Low Back Pain or Injury		09 Hand/Wrist Injury		10 Hip Injury		11 Lower Extremity Injury		12 Ankle/Foot Injury		13 Plantar Puncture Wound		14 Pediatric Illness		15 Pediatric Asthma		16 Pediatric Trauma		17 MVC		17a MCA Bike Pedestrian		18 Multiple Trauma		19 Fall		20 Assault		21 Animal Bite		22 Major Burn/Smoke Inhalation		23 Recheck / Suture Removal		24 General		25 Critical Care		25a CPR		45 Changed Mental Status		46 Focal Neuro Deficit		47 Dizzy		48 Seizure		52 Overdose		53 Substance Abuse		54 Psych
--	----------------	--	-----------------	--	------------------------	--	-----------------------------	--	--------------------	--	---------------------------	--	-----------------	--	----------------------------	--	----------------------	--	---------------	--	---------------------------	--	----------------------	--	---------------------------	--	----------------------	--	---------------------	--	---------------------	--	--------	--	-------------------------	--	--------------------	--	---------	--	------------	--	----------------	--	--------------------------------	--	-----------------------------	--	------------	--	------------------	--	---------	--	--------------------------	--	------------------------	--	----------	--	------------	--	-------------	--	--------------------	--	----------

EXHIBIT

Bilimberg No. 5119

A

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T Choose One Item

General Pediatric

Trauma		Medicine	
	01 Head Injury		26 Headache
	02 Eye Problems		27 Ear Complaints
	03 Head Injury, Facial		28 Nose
	04 Neck/Back Pain or Injury		29 Throat or Dental Pain
	05 Shoulder Injury		30 Cough
	06 Upper Extremity Injury		31 Wheezing / Asthma
	07 Trunk Injury		32 Dyspnea
	08 Low Back Pain or Injury		33 Chest Pain
	09 Hand/Wrist Injury		34 Palpitations
	10 Hip Injury		35 Upper Extremity Pain
	11 Lower Extremity Injury		36 Abdominal Pain
	12 Ankle/Foot Injury		37 Vomiting / Diarrhea
	13 Plantar Puncture Wound		38 GI Bleeding / Rectal Pain
	14 Pediatric Illness		39 Female GU
	15 Pediatric Asthma		40 OB Problems
	16 Pediatric Trauma		41 Male GU
	17 MVA		42 Lower Extremity Pain
	17a MCA Bike Pedestrian		43 Skin Rash / Abscess
	18 Multiple Trauma		44 Allergy
	19 Fall		45 Changed Mental Status
	20 Assault		46 Focal Neuro Deficit
	21 Animal Bite		47 Dizzy
	22 Major Burn/Smoke Inhalation		48 Syncope
	23 Recheck / Suture Removal		49 Seizure
	24 General		50 Overdose
	25 Critical Care		53 Substance Abuse
	25a CPR		54 Psych

<input type="button" value="OK"/>	<input type="button" value="Cancel"/>
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EXHIBIT

B

Blimberg No. 5119

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<input type="checkbox"/>	Smith, Jack
<input type="checkbox"/>	HOME
<input type="checkbox"/>	Charting
<input checked="" type="checkbox"/>	History
<input type="checkbox"/>	Exam
<input type="checkbox"/>	Course
<input type="checkbox"/>	Dx / Pt
<input type="checkbox"/>	View
<input type="checkbox"/>	Clinical
<input type="checkbox"/>	Discharge
<input type="checkbox"/>	Nurse
<input type="checkbox"/>	Coding
<input type="checkbox"/>	Print
<input type="checkbox"/>	Clinical
<input type="checkbox"/>	Instru/Rx
<input type="checkbox"/>	Closure
<input type="checkbox"/>	Discharge
<input type="checkbox"/>	Lock
<input type="checkbox"/>	Addenda

PD1 Floyd - TSysPDI - Remote Desktop

**ABDOMINAL PAIN**

arrived: pvt vehicle EMS context: \_\_\_\_\_

historian: patient EMS family limited by: \_\_\_\_\_

**0 HPI**

chief complaint: abdominal pain flank pain time: \_\_\_\_\_

started: just PTA today last night yesterday context: \_\_\_\_\_

still present \_\_\_\_\_ gone \_\_\_\_\_ timing: \_\_\_\_\_

quality: "pain" generalized R chest central L chest

sharp RQ epig LQ upper L flank

stabbing R frank RQ lower LQ LQ

cramping R abdomen RQ LQ R pelvic L R back

burning R abdomen RQ LQ R pelvic L R back

dull R abdomen RQ LQ R pelvic L R back

migrating well localized suprapubic L back

radiating to: \_\_\_\_\_ additional abd pain \_\_\_\_\_

**associated symptoms:**

nausea \_\_\_\_\_ vomiting \_\_\_\_\_

loss of appetite \_\_\_\_\_ diarrhea \_\_\_\_\_

**severity of pain:**

modifying factors: \_\_\_\_\_

**0 PAST Hx**

negative see nurses notes heart dz neuro dz

peptic ulcer lung dz

gall stones renal dz

bowel obstruction other dz

kidney stones HTN

hyperlipidemia previous surgery

abdominal surgery

**0 MEDS** none see nurses notes

**0 ALLERGIES** NRCA see nurses notes

**0 SOCIAL Hx** smoker ETOH drugs

residence recent travel

**0 FAMILY Hx** gallbladder hx di o

**EXHIBIT C**

member No. 6119

Smith, Jack

HOME

Chatting

History

Exam

Course

Dx / Di

View

Clinical

Discharge

Nurse

Coding

Print

Clinical

Instrux/Rx

Closure

Discharge

Lack

Addenda

Similar symptoms previously: once twice, sev times, many times, occasionally, frequently, milder as bad, worse, varying

recently seen: here, another, ED, office, clinic, hospitalized





ABDOMINAL PAIN		time:	0	0	ROS
arrived:	pat vehicle	EMS	_____	context:	_____
historian:	patient	EMS	family	limited by:	_____
<b>0 HPI</b>					
chief complaint:	flank pain				
started:	just PTA	today	last night	yesterday	_____
still present:	gone	timing:	central	chest	_____
quality:	generalized	epig	RUQ	LUQ	_____
"pain"	sharp	upper	abdom	abdom	_____
stabbing	cramping	R flank	pen	pen	_____
burning	abdom	R abd	RLQ	RLQ	_____
dull	migrating	lower	pelvic	pelvic	_____
migrating	well localized	suprapub	L	R	back
diffuse	diffuse	suprapub	back	back	suprapub
radiating to:	L back				
associated symptoms:	additional abd pain nausea loss of appetite vomiting diarrhea				
severity of pain:	_____				
modifying factors:	_____				
0 PAST HX	negative see nurses notes peptic ulcer gall stones bowel obstruction kidney stones previous surgery abdominal surgery				
0 MEDS	none				
0 ALLERGIES	see nurses notes				
0 SOCIAL Hx	ETOH				
residence	recent travel				
0 FAMILY Hx	drugs				
recent seen	heart dz				
here: another	gall bladder				
0	hx of				
<b>EXHIBIT E</b> Billing No. 5119					

PD1 Floyd - TSysPD1 - Remote Desktop			
T	Jm	ABDOMINAL PAIN	
<input checked="" type="checkbox"/> <b>0 HPI</b> <b>arrived:</b> pt vehicle EMS _____ <b>historian:</b> patient EMS family _____		<b>time:</b> _____	<b>O ROS</b>
<b>chief complaint:</b> <input checked="" type="checkbox"/> abdominal pain flank pain yesterday		<b>context:</b> _____	<b>G</b> <b>constipation</b> _____ <b>black stools</b> _____ <b>bloody</b> _____ <b>vomiting blood</b> _____
<b>started:</b> just PTA today last night		<b>limited by:</b> _____	<b>URINARY</b> <b>frequency</b> _____ <b>difficulty w/ urination</b> _____ <b>pain w/ urination</b> _____
<b>still present</b> _____ <b>gone</b> _____ <b>quality:</b> <input checked="" type="checkbox"/> "pain" sharp _____ stabbing _____ cramping _____ burning _____ dull _____ migrating _____		<b>location:</b> <input checked="" type="checkbox"/> generalized R chest _____ central _____ epig _____ RUQ _____ upper _____ R flank _____ R abd _____ RLQ _____ R pelvic _____ R lower _____ peri _____ L abd _____ LLQ _____ suprapub _____ R back _____ L back _____ R back _____ L back _____ timing: _____	<b>CVS &amp; Pulmonary</b> <b>chest pain</b> _____ <b>difficulty breathing</b> _____ <b>cough</b> _____ <b>MS &amp; Skin</b> <b>joint pain</b> _____ <b>back pain</b> _____ <b>skin rash</b> _____
<b>still present</b> _____ <b>gone</b> _____ <b>quality:</b> <input checked="" type="checkbox"/> "pain" sharp _____ stabbing _____ cramping _____ burning _____ dull _____ migrating _____		<b>Female:</b> _____ <b>LMP:</b> _____ <b>missed periods</b> _____ <b>irreg</b> _____ <b>abnormal bleeding</b> _____ <b>all systems neg. except as marked</b> _____	<b>O PAST Hx</b> <b>negative</b> _____ <b>see nurses notes</b> <b>peptic ulcer</b> _____ <b>gall stones</b> _____ <b>bowel obstruction</b> _____ <b>kidney stones</b> _____ <b>heart dz</b> _____ <b>neuro dz</b> _____ <b>lung dz</b> _____ <b>GI dz</b> _____ <b>renal dz</b> _____ <b>other dz</b> _____ <b>HTN</b> _____ <b>diabetes</b> _____ <b>hyperlipidemia</b> _____ <b>previous surgery</b> _____ <b>abdominal surgery</b> _____
<b>still present</b> _____ <b>gone</b> _____ <b>quality:</b> <input checked="" type="checkbox"/> "pain" sharp _____ stabbing _____ cramping _____ burning _____ dull _____ migrating _____		<b>associated symptoms:</b> <b>nausea</b> _____ <b>loss of appetite</b> _____ <b>vomiting</b> _____ <b>diarrhea</b> _____	<b>O MEDS</b> _____ <b>none</b> _____ <b>see nurses notes</b> <b>O ALLERGIES</b> _____ <b>NKA</b> _____ <b>see nurses notes</b> <b>O SOCIAL Hx</b> _____ <b>smoker:</b> _____ <b>ETOH:</b> _____ <b>residence:</b> _____ <b>recent travel:</b> _____ <b>O FAMILY Hx</b> _____ <b>gall bladder</b> _____ <b>hx of:</b> _____ <b>O</b> _____ <b>recently seen</b> _____ <b>here</b> _____ <b>another</b> _____ <b>ED</b> _____ <b>office</b> _____ <b>clinic</b> _____ <b>hospitalized</b> _____
<b>EXHIBIT</b>			





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Smith, Jack

HOME

Charting

VisitID:

46Y, M

History

Exam

Course

Dx / Di

View

Clinical

Discharge

Nurse

Coding

Print

Clinical

Instru/Rx

Closure

Discharge

Lock

Addenda

**Patient: Smith, Jack****MRN:****VisitID:****46Y, M**

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**Physician Clinical Report**

Some Hospital Place General

1111 Someplace Rd., Dallas, TX 75244 111-222-3333

Registration Date/Time: 11/28/2005 17:16

\*This is a preliminary document and is subject to change

**HISTORY OF PRESENT ILLNESS**

Chief complaint- ABDOMINAL PAIN. He has had nausea and loss of appetite. No vomiting or diarrhea.

**BEST AVAILABLE COPY**EXHIBIT  
**H**

Billing No. 5119

PD1 Floyd - TSysPD1 - Remote Desktop

<b>ABDOMINAL PAIN</b>		time: _____	0	0	ROS
arrived: pvt vehicle	EMS	context: _____	0	0	
historian: patient	EMS	family: _____	0	0	
<b>0 HP</b>		limited by: _____	0	0	
chief complaint: <b>abdominal pain</b>	flank pain	frequency: _____	0	0	
started: just PTA	today	last night	yesterday	0	
still present	gone	location: _____	0	0	
quality: "pain"	sharp	generalized	central	0	
stabs	cramping	R chest	L chest	0	
burning	dull	epig	epig	0	
migrating	...	RUQ	RUQ	0	
well localized	diffuse	R flank	R flank	0	
radiating to:		R abd	R abd	0	
associated symptoms:		peri	peri	0	
nausea	<b>loss of appetite</b>	LLQ	LLQ	0	
Closure	severity of pain:	R pelvic L	R pelvic L	0	
Discharge	modifying factors:	suprapub	L back	0	
Lock		R back	K	0	
Addenda				0	
similar symptoms previously: _____					
once twice several times many times					
mild as bad worse varying					
0	0	0	0	0	0
recently seen here	brother /	ED	office clinic	1	hospitalized
0	0	0	0	0	0
<b>0</b>					
<b>CONSTITUTIONAL</b>					
fever	chills	0	0	0	0
black stools	bloody	0	0	0	0
vomiting blood	0	0	0	0	0
headache	0	0	0	0	0
sore throat	0	0	0	0	0
blurred vision	0	0	0	0	0
CVS & Pulmonary	0	0	0	0	0
CVS & Pulmonary	0	0	0	0	0
difficulty breathing	0	0	0	0	0
cough	0	0	0	0	0
MS & Skin	0	0	0	0	0
joint pain	0	0	0	0	0
skin rash	0	0	0	0	0
0	PAST Hx	0	0	0	0
negative	see nurses notes	0	0	0	0
peptic ulcer	0	0	0	0	0
gall stones	0	0	0	0	0
bowel obstruction	0	0	0	0	0
kidney stones	0	0	0	0	0
heart dz	0	0	0	0	0
lung dz	0	0	0	0	0
other dz	0	0	0	0	0
HTN	0	0	0	0	0
hyperlipidemia	0	0	0	0	0
previous surgery	0	0	0	0	0
abdominal surgery	0	0	0	0	0
0	MEDS	0	0	0	0
none	see nurses notes	0	0	0	0
0	ALLERGIES	NKA	0	0	0
residence	recent travel	0	0	0	0
0	SOCIAL Hx	smoker	0	0	0
recent	ETOH	0	0	0	0
0	OFAMILY Hx	gall bladder	0	0	0
0	drugs	0	0	0	0
EXHIBIT I					

**ABDOMINAL PAIN**

arrived: pt vehicle EMS \_\_\_\_\_ context: \_\_\_\_\_ time: \_\_\_\_\_

historian: patient EMS family \_\_\_\_\_ limited by: \_\_\_\_\_

0 **HPI**chief complaint: abdominal pain flank pain \_\_\_\_\_

started: just PTA today last night yesterday \_\_\_\_\_

still present \_\_\_\_\_ gone \_\_\_\_\_ timing: \_\_\_\_\_

quality: "pain" sharp stabbing cramping burning dull migrating ... well localized diffuse radiating to: \_\_\_\_\_

associated symptoms: nausea loss of appetite \_\_\_\_\_

severity of pain: \_\_\_\_\_

modifying factors: \_\_\_\_\_

0 **ROS**

constipation \_\_\_\_\_ black stools \_\_\_\_\_ bloody \_\_\_\_\_

URINARY difficulty w/ urination \_\_\_\_\_ pain w/ urination \_\_\_\_\_

frequency \_\_\_\_\_ cough \_\_\_\_\_

Female pregnant \_\_\_\_\_ NNP \_\_\_\_\_ missed periods \_\_\_\_\_ abnormal bleeding \_\_\_\_\_

all systems neg. except: \_\_\_\_\_

0 **PAST Hx**

negative - see nur: \_\_\_\_\_ peptic ulcer \_\_\_\_\_ gall stones \_\_\_\_\_ bowel obstruction \_\_\_\_\_ kidney stones \_\_\_\_\_

additional abd pain \_\_\_\_\_ vomiting \_\_\_\_\_ diarrhea \_\_\_\_\_

0 **OPIPA**

dry / productive \_\_\_\_\_ scant moderate copious thick thin \_\_\_\_\_

clear yellow green brown white \_\_\_\_\_

blood tinged frank blood \_\_\_\_\_

cough changed from baseline sputum changed from baseline \_\_\_\_\_

similar to previous symptoms \_\_\_\_\_

0 **ALLERGIES** NK0 **SOCIAL Hx** sm. \_\_\_\_\_ residence \_\_\_\_\_0 **FAMILY Hx** gall bl. \_\_\_\_\_EXHIBIT **J**

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